

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36539**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 371

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits) write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4956 Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Hospital</u>			
3. NAME OF DECEASED a. (First) <u>ALONZA</u> b. (Middle) <u>GLENN</u> c. (Last) <u>BLACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 21-1929</u>
9. AGE (In years last birthday) <u>29</u> Months <u>08</u> Days <u>13</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Working Engineer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Black Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sidney Black</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Barton</u>	
14. NAME OF HUSBAND OR WIFE <u>Betty Shavis Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edwin Black</u>		ADDRESS <u>Alton Ill</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive Head injuries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pushed Pelvis</u> DUE TO (c) <u>Internal injuries</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 25, Frontland</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Cape Girardeau Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) <u>Nov 4 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Auto accident - P.M.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. R. Trickey Coroner</u>		23b. ADDRESS <u>4 S. Pacific Cape Gir Mo</u>	
23c. DATE SIGNED <u>Nov. 4 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>11-5-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hope Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-5-1949</u>		REGISTRAR'S SIGNATURE <u>C. G. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe G. Howell</u>		ADDRESS <u>Cape Gir Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16  
14  
✓

RECEIVED 11-14-49

Health Officer No. 4

Number 1149-1485

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed W. H. Ester

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.